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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000002865**

1. Corporation Name
BUCCANEER HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
BUCCANEER ESTATES 2210 TAMIAMI TRAIL NORTH FORT MYERS FL 33917 US	905 CALAMONDIN CT NORTH FORT MYERS FL 33917 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	06/06/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0720458 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KORP, WILLIAM R ESQUIRE
333 SOUTH TAMIAMI TRAIL
SUITE 199
VENICE FL 34285

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE IRENE HINDERLITER TREASURER 3-30-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	COLVIN		1.2 NAME	TOM GAYLORD	
STREET ADDRESS	495 AVANTI WAY BLVD		1.3 STREET ADDRESS	363 JOSE GASPAR DR	
CITY-ST-ZIP	NORTH FT. MYERS FL 33917		1.4 CITY-ST-ZIP	NORTH FT MYERS FL 33917	
TITLE	SVP	☒ DELETE	2.1 TITLE	SVP	☒ Change ☐ Addition
NAME	PRESTON, JEANNE		2.2 NAME	SHIRLEY MILLIGAN	
STREET ADDRESS	229 CAVILLER CT		2.3 STREET ADDRESS	300 BLUE BEARD DR	
CITY-ST-ZIP	N. FORT MYERS FL		2. 4 CITY-ST-ZIP	NORTH FT MYERS FL 33917	
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	EWING, MORT		3.2 NAME	ANN ISHLER	
STREET ADDRESS	389 HIDDEN COVE RD		3.3 STREET ADDRESS	564 PLAZA DEL SOL	
CITY-ST-ZIP	N. FORT MYERS FL		3.4. CITY-ST-ZIP	NORTH FT MYERS FL 33917	
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	SULLIVAN, JEAN		4. 2 NAME	WALLY JOHNSON	
STREET ADDRESS	471 AVANTI WAY BLVD		4.3 STREET ADDRESS	828 CALAMONDIN CT	
CITY-ST-ZIP	N. FORT MYERS FL		4.4 CITY-ST-ZIP	NORTH FT MYERS FL 33917	
TITLE	FVP	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	DURBIN, STAN		5.2 NAME	RALPH ESPOSITO	
STREET ADDRESS	718 BRIGANTINE BLVD		5.3 STREET ADDRESS	803 PIRATES REST RD	
CITY-ST-ZIP	N. FORT MYERS FL		5.4 CITY-ST-ZIP	N FT MYERS FL 33917	
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	IRENE HINDERLITER		6.2 NAME		
STREET ADDRESS	905 CALAMONDIN CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	N. FORT MYERS FL		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRENE HINDERLITER IRENE HINDERLITER 3-15-99 941-997-3842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)